

 EPA United States Environmental Protection Agency Washington, DC 20460	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
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Application for Pesticide – Section I

1. Company/Product Number 4582-74	2. EPA Product Manager Jacqueline Hardy	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Sparkling Citrus Fabuloso Complete Antibacterial Multi-Purpose Cleaner	PM# 34	
5. Name and Address of Applicant (Include ZIP Code) Colgate-Palmolive Company 300 Park Avenue New York, NY 10022 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. <u>64240-65</u> Product Name <u>WC Complete</u>

Section – II

<input checked="" type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification – Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application <input checked="" type="checkbox"/> Other – Explain below
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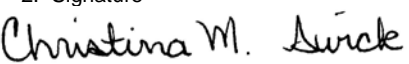
Explanation: Use additional page(s) if necessary. (For Section I and Section II.)

Label Amendment
(see cover letter for details)

Section – III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt. No. per container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt. No. per container	2. Type of Container <input type="checkbox"/> Metal - <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
* Certification must be submitted			
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 16.9oz, 48oz, 128oz, 169oz, 210oz		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			

Section – IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Christina Swick, Lewis & Harrison, LLC	Title Agent for Colgate-Palmolive	Telephone No. (Include Area Code) 202-393-3903 x116	
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 	3. Title Agent for Colgate-Palmolive		
4. Typed Name Christina Swick	5. Date October 16, 2020		